FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)												
			Office use only									
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12FE	4M5	-				
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ADDRESS (number an	d street) 209	Pennsylvania Av	/enue, S	E 							ш	Ш
(Check if ad	dress				ш		ш	ш	ш		ш	
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COMMITTEE'S WEE	B PAGE ADDRESS (U	JRL)										1
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202-496-7756 2. DATE 0	M / D D / \	2006°										
3. FEC IDENTIFICATION NUMBER C C00344648												
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)												
I certify that I have exar	nined this Statement an	d to the best of my kno	wledge and	d belief it is tru	ie, correct an	nd comple	te					
Type or Print Name o	f Treasurer	Corinne A. Faler	ncki									
Signature of Treasure	er Electronically File	ed by Corinne A	. Falenc	ki		Date	^M 0 4	M /	18	/ Y	Ý 0	0 6
NOTE: Submission of t	false, erroneous, or inco	mplete information ma			Ü				f 2 U.S.C	. S437g		_
Office Use Only				For further in Federal Elect Toll Free 800 Local 202-69	ion Commiss -424-9530			l	FEC F	FORN d 02/200		